

FORM NO. T-3

NORTH CAROLINA INDUSTRIAL COMMISSION
RALEIGH, NORTH CAROLINARELEASE OF TORT CLAIM UNDER GENERAL STATUTE's 143-291 *et seq.*
I.C. File No. TA-

KNOW ALL MEN BY THESE PRESENTS, That I, Crystal Pritchard for the sole consideration of \$429.69 to be paid by the State of North Carolina, the payment whereof being made under the provision of General Statutes 143-291 *et seq.*, do hereby release and discharged and by these presents to for myself, ourselves, my, our heirs, executors, administrators and assigns release and forever discharge The State of North Carolina, NCDHHS-Broughton Hospital and all other persons and entities, including but not limited to, all employees and agents of the State of North Carolina, NCDHHS-Broughton Hospital, its officers, employees, servants, and agents, individually and officially, of and from any and all personal property, personal injury, wrongful death and subrogation claims, demands, damages, actions, cause of action of whatever kind or nature, on account of an accident which occurred on or about the 25th day of April 2014 at Broughton Hospital Gym Parking Lot resulting in (briefly describe injuries and/or damage):

Damage to: 2014 Mitsubishi Outlander (right side)

I further hereby agree to indemnify and save harmless the released parties of and from any and all claims of any sort from any party claiming to be subrogated or to have any other type of legal or equitable claim to the proceeds or any part of the proceeds paid in exchange for this release. This indemnification extends to and includes indemnification from all costs and attorney fees that might be incurred as a result of such claim.

I understand that this release is made as compromise to avoid expense and to terminate all controversy and/or claims for injured or damages of whatever nature, known or unknown, including future developments thereof, in promise of a disputed claim, and it is therefore specifically agreed that this release shall be a complete bar to all claims or suit for injuries or damages of whatsoever nature resulting or to result from said accident.

IN WITNESS WHEREOF I, We, have hereunto set my, our, hand(s), this 10th day of June, 2014.

M-1 v/11

Witness Signature

Misty Gettys
Witness Address
3744 N. Laird rd
Morganton NC 28655

Crystal Pritchard Print Name

Crystal Pritchard
Claimant Signature

107 Quail Drive
Claimant Mailing Address

Morganton, NC 28655
City, State, Zip code

Social Security #

AGREED TO:

NC Department of Justice
Unit or Agency
By: Karen Campbell